

# MEDI-CAL



**What It Means  
To You**

**CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES**

**English/Spanish  
Inglés/Español**

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## **1. MEDI-CAL – WHAT IT MEANS TO YOU**

MEDI-CAL pays for health care for certain needy residents of California. MEDI-CAL is supported by federal and state taxes. This pamphlet tells about who can get MEDI-CAL, the health care services available to those determined eligible for benefits, the choices for getting services, how to use the permanent plastic California Benefits Identification Card (BIC) or the paper MEDI-CAL card, and your appeal rights if you feel you are treated unfairly or do not get what you are entitled to get by law.

You may be eligible for MEDI-CAL benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status.

Your local County Welfare Department (CWD) manages MEDI-CAL eligibility determinations. If you have questions, you can find the addresses and telephone number of the CWD in the back of this pamphlet.

If you do not know some of the MEDI-CAL terms or words, you can turn to the back pages of this pamphlet for the meanings of those words.

A Spanish translation of the pamphlet follows the English.

## **2. WHO CAN GET MEDI-CAL?**

Even if you are working, own a house, or are married, you may be eligible for MEDI-CAL. To get MEDI-CAL, you must fall into one of the following MEDI-CAL program categories.

A. PUBLIC ASSISTANCE (PA): If you are aged (65 years old or older), blind, or disabled and you get Supplemental Security Income/State Supplementary Payment programs (SSI/SSP), you are automatically eligible for MEDI-CAL and will be sent a California Benefits Identification Card (BIC). Call your Social Security district office for more information.

If you get California Work Opportunity and Responsibility to Kids (CalWORKS), you may also be entitled to get MEDI-CAL benefits. If you get other kinds of Public Assistance, you may be entitled to all the services covered by MEDI-CAL. Call your county eligibility worker for more information.

If you are not in one of these assistance groups, you still may be able to get MEDI-CAL benefits in a different category. Some are listed below, such as Medically Needy (MN) or Medically Indigent (MI). MN and MI programs are for people who cannot pay all their medical expenses. Even if you have other private health insurance coverage, you may still be eligible.

B. MEDICALLY NEEDY (MN): You are Medically Needy if you are age 65 or

older, blind, disabled, or you meet the family circumstances required for CalWORKS (you have children under age 21 who are needy and do not have the support or care of one parent because of his/her absence, death, incapacity, or unemployment). MN people do not get a cash grant because they have too much income or property or do not want a cash grant. You may become eligible for MEDI-CAL and get a California Benefits Identification Card (BIC) by paying or promising to pay medical expenses which equal your "share of cost" (SOC) for the month. (See Sections 10 and 11.)

C. **MEDICALLY INDIGENT (MI):** You are Medically Indigent if you are a pregnant woman with no linkage (connection) to a PA program (CalWORKS); a refugee in the country 8 months or less; or a person age 21 to 65 in a skilled nursing facility or intermediate care facility. Persons under 21 years of age, including those in foster care whose needs are met by public funds, children who qualify for the State-only Aid for Adoption Assistance Program and certain other children not living with a parent or relative may also be included in the MI group.

#### D. SPECIAL PROGRAMS:

##### • PREGNANT WOMEN

If you are pregnant and cannot afford to pay for health care and some dental care, MEDI-CAL can help pay for medical expenses for you and your unborn. Many times you can get MEDI-CAL at no cost to you, even if you have income. Once you get MEDI-CAL, increases in your family's income will not be counted:

- during your pregnancy, and postpartum period,
- for your baby's first year of life.

Participating perinatal providers throughout California can offer pregnant women immediate, temporary MEDI-CAL coverage pending the formal MEDI-CAL application under the Presumptive Eligibility program. If you are pregnant and interested in this service, ask if your provider participates in this program.

##### • CHILDREN

Your child may get MEDI-CAL at no cost, if your child is:

- an infant, or
- between ages 1 and 6, or
- between ages 6 and 18.

##### • REFUGEES

If you are a refugee or entrant not qualified for the MN or MI programs, ask your county eligibility worker for refugee/entrant medical assistance.

- **CONFIDENTIAL MEDICAL SERVICES AVAILABLE TO PERSONS UNDER AGE 21**  
If you are under 21 years of age, unmarried, and living with your parents, you may get certain confidential medical services. Under the Minor Consent program, you do not need parental consent to determine eligibility. Medical services included under this special program are those which relate to family planning, pregnancy, drug/alcohol abuse, sexually transmitted diseases, sexual assault, and mental health.
  - **FORMER FOSTER CHILD PROGRAM**  
You can get MEDI-CAL until you reach age 21 under the Former Foster Child Program regardless of your income if you are in State foster care on your 18th birthday. You are eligible even if you live with someone else, move to another county or were terminated from MEDI-CAL.
  - **ADDITIONAL SERVICES AVAILABLE TO PERSONS UNDER AGE 21 THROUGH THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) AND EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPDST) PROGRAMS**  
If you or your child are under age 21, you may be able to get more or different services through the Child Health and Disability Prevention (CHDP) or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) programs. This is so that children and young adults under 21 years of age can get all the health care services they need to make sure health problems are found and treated early. Regular check ups are important so medical, dental or mental health problems are found and treated early. (See Section 19.)
  - **MEDICAL SUPPORT ENFORCEMENT**  
All children have the right to be supported by both parents. If you are applying for MEDI-CAL benefits, you must cooperate in establishing paternity for a child(ren) born out of wedlock and obtaining medical support for a child(ren) who has an absent parent. You will be provided all child support services unless you notify the Family Support Division District Attorney (FSD/DA) that you do not want to receive those services that are unrelated to obtaining medical support and establishing paternity. Some of the available services are as follows:
    - Locating the parent(s) for support enforcement purposes;
    - Establishing paternity;
    - Establishing a child and/or medical support (health insurance) order;
    - Enforcing a child and/or medical support order;
    - Modifying an existing court order for child and/or medical support;
    - Enforcing a spousal support order in conjunction with a child support order;
    - Collecting and distributing support payments.
- CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED**
- **OTHER**  
You might qualify for medical assistance in one of the miscellaneous categories. Ask your county eligibility worker to help you.

E. SPECIAL TREATMENT PROGRAMS: If you need dialysis treatment or parenteral hyperalimentation services, you may be eligible for services under these programs.

F. SPECIAL MEDICARE PAYMENT PROGRAMS: Some MEDI-CAL programs such as the BUY-IN Program and the Qualified Medicare Beneficiary (QMB) Program will pay for Medicare premiums, and you will not be billed for your co-insurance and deductibles. The Qualified Disabled Working Individual (QDWI) Program pays the Medicare Part A premium and the Special Low-Income Beneficiary (SLMB) and Qualifying Individual-1 Programs pay the Medicare Part B premium.

G. IMMIGRANT ELIGIBILITY FOR MEDI-CAL: Immigrants who meet all MEDI-CAL eligibility requirements can get full or restricted MEDI-CAL depending on their immigration status. Immigrants who are not in a full scope eligible immigration status can qualify for restricted MEDI-CAL, which covers emergency and pregnancy-related services, if they meet all eligibility requirements.

H. BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP): BCCTP provides necessary no-cost treatment to eligible persons diagnosed with breast or cervical cancer who are screened by Centers for Disease Control doctors or are Family PACT (Planning, Access, Care and Treatment) doctors and are found in need of treatment. For more information, call 1-800-824-0088 (toll-free).

### **3. WHAT DOES IT MEAN TO BE “DISABLED” FOR MEDI-CAL?**

To get MEDI-CAL as a disabled person, you must have severe physical and/or mental problem(s) which will:

- last at least 12 months in a row and,
- stop you from working during those 12 months, OR
- possibly result in death.

You must prove your disabling physical and/or mental problem(s) with medical records, tests, and other medical findings. The medical problem must be the main reason why you do not work.

To get MEDI-CAL for a disabled child, the child must have severe physical and/or mental problem(s) which:

- are on a list of disabling childhood conditions OR
- are so severe that he/she would not be able to do daily activities which a healthy child would be able to do.

If you have a severe physical and/or mental problem that is on a list of disabling conditions, you may be able to get MEDI-CAL based on disability prior to the final determination of disability. (This also applies to children.) Ask your county eligibility worker for more information about Presumptive Disability.

250 Percent Working Disabled Program – Eligible disabled working individuals can get MEDI-CAL from the 250 Percent Working Disabled program. You must have countable income below 250 percent of the federal poverty level and pay a premium based on your income. Disability income is not counted. For more information, contact your CWD or county eligibility worker.

#### **4. HOW MUCH MONEY CAN I GET AND STILL GET MEDI-CAL?**

You can get MEDI-CAL regardless of how much money you get. However, the more money you get, the more you will have to pay or promise to pay toward your medical bills before MEDI-CAL will help pay your other medical bills. (See Sections 10 and 11.)

#### **5. WHAT PROPERTY/ASSETS ARE ALLOWABLE FOR MEDI-CAL?**

There are property/assets limits for the MEDI-CAL program. If your property/assets are over the MEDI-CAL property limit, you will not get MEDI-CAL unless you lower them according to program rules. The county looks at how much you and your family have each month. If your property/assets are below the limit at any time during that month, you will get MEDI-CAL, if otherwise eligible. If you have more than the limit for a whole month, you will be discontinued. The home you live in, furnishings, personal items, and one motor vehicle are not counted. A single person is allowed to keep \$2000 (or \$3000 in some situations) in property/assets, more if you are married and/or have a family. If a child has property/assets or if a stepparent wants MEDI-CAL for a stepchild, other rules may apply.

IMPORTANT: If you or your spouse (husband or wife) went into a medical institution or nursing facility on or after September 30, 1989, and were expected to remain for 30 days while the spouse was still home, the spouse at home may keep up to \$99,540 in some cases. (This amount may change in January of each year.)

For more information on MEDI-CAL property/assets rules, please ask your CWD for a form called “MEDI-CAL General Property Limitations” (MC Information Notice 007). If you or your spouse were in a nursing facility before September 30, 1989, also ask for a form called “Community Property – Person in Long-Term Care (LTC)” (MC Information Notice 005).

#### **6. MUST I LIVE IN CALIFORNIA TO GET MEDI-CAL?**

Yes. You must be a resident of California in order to get MEDI-CAL.

You must also give evidence that you are a resident of California before your MEDI-CAL can be approved. Evidence may be one of the following:

1. A recent California rent or mortgage receipt or utility bill in your name, or
2. A current and valid California motor vehicle driver's license or Identification Card issued by the California Department of Motor Vehicles in your name, or
3. A current and valid California motor vehicle registration in your name, or
4. A document showing you are employed in California (such as a pay stub), or
5. A document showing you are registered with a public or private employment service in California, or
6. Evidence that you or your children are enrolled in school in California, or
7. Evidence that you are receiving public assistance, other than MEDI-CAL, in California, or
8. Evidence that you are registered to vote in California, or
9. Other acceptable evidence of your California residence, if you declare, under penalty or perjury, that you do not have any of the documents or evidence listed in numbers 1 through 8 above.

However, you do not have to give evidence if:

1. You are applying for Minor Consent services, or
2. You are the child of a parent who has also applied for MEDI-CAL and given evidence of California residence, or
3. Your wife or husband has applied for MEDI-CAL and given evidence of California residence, if she or he lives at your same address.

## **7. WHERE DO I APPLY FOR MEDI-CAL?**

Call your CWD to have a MEDI-CAL application sent to your home. The phone number and address of your CWD are in the back of this pamphlet. If you want to apply in person, ask your CWD where you can apply. MEDI-CAL county eligibility workers also are located at some health clinics and hospitals.

If you get an SSI/SSP grant, MEDI-CAL eligibility is automatically set up by your Social Security district office.

## **8. HOW DO I APPLY FOR MEDI-CAL?**

The usual application procedure is:

1. Call or go to your CWD to get a MEDI-CAL application (see page 55). If you have an immediate need for health care services (such as severe illness or pregnancy), complete the MEDI-CAL application and take it to your closest CWD office. Tell the CWD that you have an immediate need for medical or dental care. The CWD will process your application as fast as possible.



2. Fill out the application form(s) as completely as you can. Section 9 called “What Do I Need for Verification?” tells you what proof to give the CWD when you apply for MEDI-CAL. You can speed up the process by providing the necessary information and paperwork quickly.

3. You may apply for MEDI-CAL “retroactive benefits” if you had medical/dental services in the three months before the month you apply for MEDI-CAL, and need help from MEDI-CAL to pay the bills. If you were eligible for MEDI-CAL during any of the three months before the month you apply, even if you have paid the bills, MEDI-CAL may pay these bills. You can apply for “retroactive” MEDI-CAL when you apply for MEDI-CAL. If you ask for retroactive MEDI-CAL later, you have up to one year after the retroactive MEDI-CAL month to ask MEDI-CAL to pay that medical bill.

4. When you apply for MEDI-CAL, you will get a list of your rights and responsibilities . For example, you must give any changes in address, property, income, family composition, other circumstances, and private health insurance coverage to your county eligibility worker within ten days.

NOTE: Once you apply for MEDI-CAL, MEDI-CAL will only pay for the covered services you get from an enrolled MEDI-CAL provider. You must confirm that the provider is an enrolled MEDI-CAL provider before you get services if you want MEDI-CAL to pay for the services.

5. Mail or take the completed application and necessary verification (proof) to the CWD. If you want confidential minor consent services, go to the nearest CWD.

NOTE: In some counties, when you are a MEDI-CAL “beneficiary” (that’s what you are called when you get MEDI-CAL) you may be required to sign up for a MEDI-CAL health care plan and/or dental plan. If you are required to sign up for a medical or dental plan, you may choose a personal doctor and/or dentist from a list given to you by the medical and dental plans.

If you live in one of those counties where there are MEDI-CAL medical and dental plans, you will receive additional information about the choices you have available for getting your MEDI-CAL benefits and the plans offered to you. You will receive this information at the time you apply for benefits, or when the county redetermines your benefits. In some cases, you will receive information about the medical and dental plans available, and information about to enroll in the plans through the mail.

6. It may take up to 45 days to process your MEDI-CAL application. If you apply for MEDI-CAL based on disability, your application may take 90 days.

7. You will get a letter in the mail telling you if your MEDI-CAL application is approved or denied. If you have a MEDI-CAL health care plan, you will get a health care plan identification card in addition to the State-issued BIC.

8. If you do not get an answer to your MEDI-CAL application within a month after you apply, call your county eligibility worker.

## **9. WHAT DO I NEED FOR VERIFICATION (PROOF)?**

You must give certain information before your MEDI-CAL can be approved. Your county eligibility worker will tell you what proof is needed.

You may apply without the proof, but you will have to give it later. If you cannot get the proof yourself, ask your county eligibility worker to help you.

ITEMS REQUIRED for full MEDI-CAL benefits (if applicable):

1. Social Security card(s).
2. Medicare card(s).
3. Naturalization document(s).
4. Alien registration card(s).
5. Pregnancy verification.
6. Income verification:
  - a. Employee pay stubs or a statement from your employer showing gross earnings and deductions.
  - b. Award letter or checks showing amount of pension or benefits, including Social Security and V.A.
  - c. State Unemployment or Disability award letter.
  - d. Student Loan grant award letter(s) or loan grant papers.
  - e. Statement from providers of other income (contributions, refunds, child support, etc)
  - f. Self-employment information: Last year's tax return or current ledgers, current inventory, including business equipment and supplies.
  - g. Care costs for child/incapacitated person(s).
7. Property Tax statements for all property.
8. Vehicle Registration(s) for automobiles, boats, campers and trailers.
9. All checking and savings account statements and trust account documents.
10. All stocks (brokerage statements), bonds (including U.S. Savings bonds) and mutual funds.
11. All deeds of trust, mortgages, other promissory notes and contracts of sale.
12. All life insurance policies, including cash surrender value.
13. All annuity policies.

14. All burial trusts/prepaid burial contracts/information on burial plots.
15. Documentation regarding the current value of all trusts.
16. Payment book(s) for all encumbered property.
17. All policies/cards for health insurance you currently have or which are available to you.
18. Application(s) for possible available income (i.e. unemployment benefits, state disability benefits).
19. Court orders relating to income and property.
20. Lease agreements.
21. Life estate documents.
22. Copies of patient trust account ledgers.
23. Rent receipts, current utility bills, or housing statement.
24. Copies of child support orders or divorce decree.
25. Social Security disability or SSI denial or discontinuance notice (if applying for disability-based MEDI-CAL).
26. Evidence of California residency.

## **10. WILL I HAVE A SHARE OF COST AND HOW MUCH WILL IT BE?**

Depending upon your monthly income, MEDI-CAL may determine that you have to meet a share of cost (SOC) before MEDI-CAL will pay for your, or your family's, medical expenses for the month. The next section explains "meeting a share of cost."

Whether you will have a SOC for a month, and the size of your SOC, depends on how much money or income you and your family get for the month. MEDI-CAL allows you to keep a certain amount of your family's income for your living expenses (this portion is called your Maintenance Need). MEDI-CAL may also allow you to keep additional amounts of your family's income. Any income for the month which is more than the amount you are allowed to keep becomes your SOC for the month.

In some families, the income of one person cannot be used to decide if another person has a SOC. For example, income of a child cannot be used to decide whether a brother or sister, parent, stepparent or caretaker relative has a SOC. Income of a stepparent cannot be used to see if a stepchild has a SOC.

If you don't have any medical expenses during a month, you do not need to meet your SOC for that month. However, keep your BIC in case you need medical services in upcoming months.

## 11. HOW DO I MEET MY SHARE OF COST?

You may meet your SOC for the current month by showing MEDI-CAL that you paid, or have promised to pay, for your medical expenses an amount of money the same as your SOC. There are two ways to show MEDI-CAL that you have paid or promised to pay your SOC for a certain month. These two methods are:

1. In every month that you have a SOC, your CWD will notify the State of the amount of SOC you must pay. When you go to a medical provider and give the provider your BIC, your provider will get information from a computer system about your SOC. After the provider accepts your promise to pay for the medical services, or you pay for those services, the provider will forward the amount of SOC paid, or promised to be paid, through the computer system to the State. The State will immediately update the SOC system so that future providers that month will know the amount of SOC that remains, if any. When you have met your SOC for the month, all future providers will receive information that you have met your SOC for the month and whether or not you are eligible for covered MEDI-CAL services.
2. Another way to show you have paid or promised to pay your SOC is to give your medical bills directly to your county eligibility worker. You may give your bills for medical services you got during the current month to your county eligibility worker to apply toward your SOC. You must give old medical bills from previous months (for which you still owe money and which you want to apply toward your SOC) to your county eligibility worker. Your provider cannot use the SOC computer system for your old medical bills.

Medical bills given to your county eligibility worker must contain certain kinds of information before your county eligibility worker can apply these bills toward your SOC.

Your medical bills must show this information:

1. Provider's name and address.
2. Name of person who got the medical service.
3. Description of the medical service received.
4. Procedure Code (a medical/dental reference number) for medical/dental services received – your provider will know what this number is.
5. Provider's MEDI-CAL provider number, or if not a MEDI-CAL provider, the provider license number, or federal tax identification number.
6. Date(s) medical service was received.
7. Date on which bill was issued. For old medical bills, this date must be within 90 days of the date you give the old medical bills to your county worker.
8. Amount billed to person getting the service.

If any of this information is missing from a medical bill, you must try to get it from your provider. If you are unable to get it, your county eligibility worker will try to help you. Billing statements from collection agencies and credit card statements sometimes may be used as evidence of medical expenses. Under certain conditions, you may give the missing information by making a sworn statement.

If your county eligibility worker is unable to accept a medical bill, you will get a letter giving the reason for the disapproval of the bill. You will have ten days to fix the problem and bring/send the bill again. If you do not do this, you will receive a denial letter within the next 30 days which will give the reason for the denial and tell you what you must do before you may bring/send your medical bill again. You will get a separate letter for medical bills which have been accepted and applied toward your SOC.

## **12. WHAT IF I HAVE PRIVATE HEALTH INSURANCE COVERAGE?**

You can have MEDI-CAL even though you have private health coverage. If you are a MEDI-CAL beneficiary and have individual or group private health insurance coverage, you are required by federal and state law to report it. This information must be given to your CWD, to your health care provider, and/or to the Family Support Division District Attorney (FSD/DA), when there is an absent parent who may be responsible for your child(ren)'s medical care, or in a paternity establishment when a child is born out of wedlock. If you fail to report any private health insurance coverage that you have, you are committing a misdemeanor.

Under federal law, health insurance belonging to a MEDI-CAL recipient in a child or medical support enforcement case is used as follows:

The provider of service will bill MEDI-CAL. MEDI-CAL will pay the provider of service. Then MEDI-CAL will seek repayment from the other health coverage. You will not be liable for any insurance cost-sharing amount (coinsurance or deductible) unless a MEDI-CAL SOC must be met. If your other health insurance is a Prepaid Health Plan (PHP) or a Health Maintenance Organization (HMO), you must use the plan facilities for regular medical care. Out of area services or emergency care should also be billed to the PHP/HMO.

Therefore, you must tell your county eligibility worker and/or the FSD/DA:

- if you, your child(ren), or the other parent of your child(ren) has private health insurance coverage.
- when the private health insurance coverage is through your employer, your union, or a group or organization.
- within ten days, when your private health insurance coverage changes

or stops.

- about any court order (such as divorce judgment or temporary support order) which makes the other parent responsible for providing health insurance.

You must:

- give your medical provider any information needed to bill your private health insurance coverage,
- send to the California Department of Health Services' (CDHS') Third Party Liability Branch any payment you get directly from an insurance carrier for services paid by MEDI-CAL. The address is:

California Dept. of Health Services  
Third Party Liability Branch  
Health Insurance  
P.O. Box 997424, MS 4719  
Sacramento, CA 95899-7424

You must:

- send to the CHDS' Third Party Liability Branch any medical support payment you get from the absent parent. The address is:

California Dept. of Health Services  
Third Party Liability Branch  
Health Insurance  
P.O. Box 997422, MS 4719  
Sacramento, CA 95899-7425

- use your health maintenance organization (HMO), and/or prepaid health plan (PHP), such as Kaiser Health Plan, CHAMPUS, or military coverage, for regular medical care. Out of area services for emergency care should also be billed to the HMO/PHP.
- use your BIC only for MEDI-CAL covered services that your prepaid or health maintenance plan or military insurance does not cover.

If you have other health insurance coverage, the computer system will be coded to show other health insurance.

A provider (doctor or pharmacy) may not refuse to provide service or fill your prescription solely because you have other health insurance coverage (in addition to MEDI-CAL). If you do not have other health insurance coverage and the computer system is coded that you do, ask your county eligibility worker to correct the coding on the computer system. If you have SSI/SSP and the computer system is incorrectly coded to show other health insurance coverage, and you do not have it, please call the CDHS' Health Insurance Section at 1-800-952-5294 (toll-free) to correct the coding on the computer system.

If you are having a claims payment problem with a provider, you may call the Electronic Data Systems Beneficiary Inquiry Unit at (916) 636-1980.

NOTE: Beginning January 1, 2006, if you are eligible for Medicare, Medicare (not MEDI-CAL) will pay for most prescription drugs for MEDI-CAL beneficiaries who are eligible for Medicare Part A (hospital) or Part B (outpatient). For information on this new drug coverage, please contact 1-800- MEDICARE.

### **13. WILL MEDI-CAL PAY MY PRIVATE HEALTH INSURANCE PREMIUMS IF I CAN NO LONGER AFFORD TO MAKE PAYMENTS?**

If you are a MEDI-CAL beneficiary and you have a very high-cost medical condition which requires a physician's care, the CDHS may pay your private health insurance premiums, if it is cost effective, under the Health Insurance Premium Payment (HIPP) program. There are specific requirements to qualify for the program and not all applicants are approved for HIPP. For more information on HIPP:

- ask your county eligibility worker to refer you, or
- call the CDHS' HIPP Program at 1-866-298-8443 (toll-free).

A HIPP representative in Sacramento will explain the process and requirements for the program. If it appears that you may meet the eligibility requirements, an application will be sent to you.

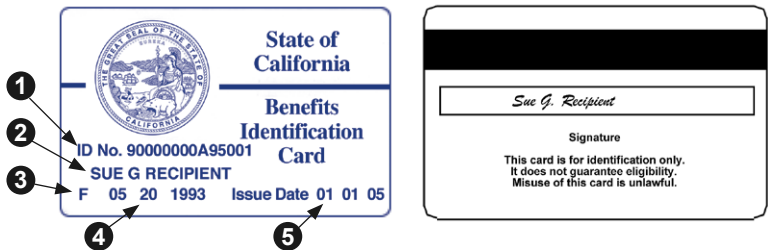
### **14. IS THERE A NEW MEDI-CAL CARD?**

From January 2005 through June 2005, MEDI-CAL issued new plastic Benefits Identification Cards (BICs) to all beneficiaries. Your BIC has a new identification number made up of 14 numbers and letters. Your health care providers need your new BIC to provide services and to bill MEDI-CAL.

NOTE: YOUR BIC DOES NOT GUARANTEE MEDI-CAL ELIGIBILITY. Take your BIC to your doctor, pharmacy, hospital or other medical provider. The provider will use this card to obtain information to determine if you are eligible for MEDI-CAL.

**15. WHAT DOES THE BENEFITS IDENTIFICATION CARD (BIC) LOOK LIKE?**

A BIC looks like this:  
Actual card size = 3 1/8 x 2 3/8 inches; white card with blue letters on front, black letters on back.



- Recipient Information on face of card:
- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1. Your ID Number (a 14 character identification number). | 2. Your name                    | 4. Date of Birth               |
|   | 3. Gender Code (male or female) | 5. Date card was issued to you |

**16. WILL I GET A PAPER MEDI-CAL CARD?**

Your county will give you a paper MEDI-CAL card if you have an “Immediate Need” or get Confidential Medical Services (Minor Consent) as described in Section 2D.

**17. WHAT INFORMATION IS ON THE PAPER MEDI-CAL CARD?**

Your paper identification card will show your name, MEDI-CAL identification number, gender, date of birth, issue date and good through date. “Immediate Need” cards are issued for a one month period and Minor Consent cards are issued for up to a year.

NOTE: If you are a beneficiary 18 years of age or older who is not in long-term care, and not getting emergency services, you must sign and date your paper MEDI-CAL card or BIC when you get it and before you give the paper MEDI-CAL card or BIC to a provider for any care.

**18. HOW DO I USE THE BENEFITS IDENTIFICATION CARD (BIC)?**

You should always carry your BIC with you.

REMEMBER: Find out if the provider takes MEDI-CAL patients before you go for treatment. The provider has a right to refuse to take MEDI-CAL. If you forgot to tell the provider that you have MEDI-CAL, you may have to pay your bill.



Ask your local medical society for providers who take MEDI-CAL patients. Call the Delta Dental office for dental referrals at 1-800-322-6384.

For each service you get, give the provider your BIC so MEDI-CAL can pay the provider (if you are eligible for MEDI-CAL.)

Some services must be approved by MEDI-CAL before you may get them. The provider will know when you need prior approval.

Some services are restricted to two per month. There are a few exceptions, but generally you can only get a total of two of the following services:

- Acupuncture services
- Audiology services
- Chiropractic services
- Occupational Therapy
- Podiatry services (some)
- Psychology services
- Speech Therapy

If you need any of the above services, discuss your treatment plan and appointments with your doctor.

The following services are not automatically limited but your doctor may need to get approval from MEDI-CAL. Your doctor will decide which services you need and will ask for approval when it is needed. Some of the services which require prior approval are:

- Hemodialysis services (kidney treatment)
- Medical transportation
- Artificial limbs, braces, and eyes
- Hearing aids
- Inpatient hospital care (See MEDI-CAL terms)
- Physical therapy
- Crutches, wheelchairs, and other durable medical equipment
- Hospice care
- Prescribed drugs not on the MEDI-CAL drug list
- Nursing home care
- Medical supplies not on the MEDI-CAL medical supplies list
- Some dental services (e.g. gum treatment, root canals, crowns, dentures)
- Home health – Home and Community-based services as a possible alternative to hospital or nursing home care

The following services are not automatically limited and do not need prior approval:

- Most doctor's services and most clinic visits
- Many dental services (e.g. exams, x-rays, cleanings, preventive service, fillings)
- Eyeglasses and eye appliances
- Laboratory, X-ray, and radiation treatment
- Blood and blood derivatives
- Medical/dental screenings and referrals are available for persons under 21 to identify and treat medical/dental problems (see Section 19)
- If you are pregnant, you can get prenatal care guidance to help you get the care you need to have a healthy baby, including some dental care
- Prescribed drugs on the MEDI-CAL drug list if prescribed for the conditions specified on the list (If you get Medicare, see Section 22)
- Medical supplies on the MEDI-CAL medical supplies list if prescribed for the conditions specified on the list

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services do not require prior approval. However, these services may be limited.

## **19. WHAT ADDITIONAL BENEFITS ARE AVAILABLE TO PERSONS UNDER CHILD HEALTH AND DISABILITY PREVENTION (CHDP) AND THE EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROGRAMS?**

If you or your child is under 21, the Child Health and Disability Prevention (CHDP) Program provides regular check-ups and needed immunizations to keep you healthy. CHDP services include regular screening for medical, dental, vision, hearing or mental health problems. If you need help with an appointment or transportation, the CHDP program in your county can help you. Look for the phone number under county government in your local phone book.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides extra MEDI-CAL services if you are under 21 and have full scope MEDI-CAL. EPSDT services correct or improve medical, dental, or mental health problems. You may get the extra services if you and your doctor, health care provider, clinic, county CHDP or county mental health department agree you need them. You can ask for services as often as you think you need them.

If you have severe emotional problems, contact your county mental health department. Look in the government section of your phone book under Mental Health Department. If you cannot reach the county mental health department, call the state mental health ombudsman toll-free at 1-800-896-4042.

If you or your doctor think that health services which are not usually covered by MEDI-CAL may be needed, you should talk to:

- Your local county CHDP Program
- Your Managed Care Plan
- Your County Mental Health Department

Or ask your doctor to contact:

- Your local MEDI-CAL Field Office, or
- The California Children's Services program

## **20. WHAT IF I LOSE MY BIC, IT IS STOLEN, OR I DO NOT GET IT?**

You may ask for a BIC from your CWD when you are eligible for MEDI-CAL but you have not gotten a card, you lost your card, your card was stolen, or the card you got in the mail has wrong information on it.

If your BIC is stolen, you must tell your local police and your CWD. You should give as much information about the theft as possible.

If you get SSI/SSP or CalWORKS, you should automatically get a BIC in the mail. If you do not get a card, you should contact your CWD. Even though the county does not make SSI/SSP eligibility determinations or send SSI/SSP checks, they help with BIC problems for people who get SSI/SSP. The county can order a replacement BIC for you. The CWD will tell you if you also need to contact a Social Security office to correct the problem with your BIC.

## **21. HOW DO I GET MEDI-CAL SERVICES?**

There are two ways to get your MEDI-CAL services. How you get your MEDI-CAL services will depend on the area you live in. In some areas, you may choose your providers from those who accept MEDI-CAL, or you may choose to sign up for a MEDI-CAL health and/or dental care plan if there are any in your area. In other areas, some MEDI-CAL beneficiaries must sign up for a health and/or dental care plan. In the areas where you must sign up for a health care plan, there are exceptions. The exceptions will be explained to you at the same time your choices for getting MEDI-CAL services are explained to you.

You will get information about health/dental care plans at the time you apply or reapply for benefits. You may be required to go to a presentation at the CWD where they tell you about the health care plans you can sign up for. You may also get information in the mail about the health care plans in your area.

1. In those areas where you can choose your own providers, you should know how to use the BIC before you see a doctor or other provider of health services. Please read the sections called "How Do I Use The BIC?" and "What Information Is On The Paper MEDI-CAL?" (See Sections 17 and 18). If

you are not enrolling in a health care plan and choosing your own providers, you must tell the health care provider that you have MEDI-CAL before you first get care. If you do not tell the provider that you have MEDI-CAL, the provider may legally bill you for all services you get. Providers of health care do not have to take MEDI-CAL patients or may only take a few MEDI-CAL patients. **If you don't use your BIC correctly, you may have to pay for the services you get.**

2. If you sign up for a MEDI-CAL health/dental care plan, you may choose a provider from a provider list the plan gives you. As a plan member, you can get all of the services covered by regular MEDI-CAL. Some plans offer extra services which you cannot get with your MEDI-CAL card. In addition, you do not have to pay a “co-payment” when you are a plan member.

**22. WILL MEDI-CAL PAY FOR ALL MY MEDICAL/DENTAL EXPENSES?**

Your BIC will pay for many kinds of medical/dental expenses. When your provider uses your BIC to verify your MEDI-CAL eligibility, your provider will know if MEDI-CAL will pay for a medical/dental treatment or if you need to make a “co-payment” for any treatment. You may have to pay \$1.00 each time you get a medical/dental service or prescribed drug and \$5.00 if you go to a hospital emergency room when you do not need an emergency service. You do not have to pay if you are enrolled in a MEDI-CAL health/dental care plan.

NOTE: If you have MEDI-CAL and Medicare, Medicare (not MEDI-CAL) pays for most of your prescribed drugs.

**23. HOW CAN I GET HELP FROM MEDI-CAL IF I AM OUT OF STATE?**

Take your BIC or proof of enrollment in a MEDI-CAL health care plan with you when you travel outside California. MEDI-CAL can help in limited situations; for example, in an emergency due to accident, injury, or severe illness, or when your health would be endangered by postponing treatment until you return to California. MEDI-CAL must first approve any out-of-state in-patient medical services before you get the service. You will be responsible for medical costs for services you got out-of-state if the medical provider is not a MEDI-CAL provider or does not wish to become a MEDI-CAL provider.

The provider should first verify eligibility by contacting the fiscal intermediary at (916) 636-1960. The provider may get information on coverage, authorization and billing procedures by contacting the following:

MEDICAL SERVICES

California Dept. of Health Services  
MEDI-CAL Field Office  
P.O. Box 193704  
San Francisco, CA 94119-3704  
(415) 904-9600

DENTAL SERVICES

Delta Dental  
Denti-Cal  
11155 International Drive, Building C  
Rancho Cordova, CA 95670  
1-800-541-5555

If you live near the California state line and use doctors or other providers of medical service in the other state, some of these restrictions do not apply. (However, medical services in Mexico or Canada are not covered except for emergency hospitalization.)

You will not get MEDI-CAL if you move out of California. You may apply for Medicaid in the state in which you live.

## **24. IS MEDI-CAL MANAGED CARE THE SAME AS A HEALTH/DENTAL CARE PLAN?**

Yes. MEDI-CAL Managed Care is a program whereby the State contracts with various medical providers to provide services to you in an organized and coordinated manner. The managed care plans must directly give, or arrange for, all MEDI-CAL services to you.

## **25. CAN I GO TO ANY PROVIDER IF I ENROLL IN A HEALTH/DENTAL CARE PLAN?**

If you enroll in a health/dental care plan, you must use the plan providers and clinics unless emergency care is needed.

## **26. HOW DO I JOIN A MANAGED CARE PLAN?**

You can ask your county eligibility worker if managed care is available and how to contact either the health care plan or the local health care options worker.

## **27. HOW DO I GET OUT OF A MANAGED CARE PLAN?**

In some areas served by a County Organized Health System (COHS), if you are with a provider, either through voluntary enrollment or through being assigned, you will have to stay with that provider for a period of six months. If you join or are assigned to a provider you don't want, you may disenroll (cancel) for any reason anytime within the first 30 days with that provider, or after you have been with the provider six months.

If you are in a COHS county where you have to stay with a provider for six months before disenrolling, you will get more information about this when you sign up for the health care plan.

If you live in a Two-Plan Model or Geographic Managed Care county, and the option to join a health care plan is voluntary, you may disenroll (cancel) at any time. (You contact the plan membership staff at the phone number provided in the papers you got when you signed up.) It usually takes 45 days to be cancelled. If you have questions about your enrollment in a Two-Plan Model or Geographic Managed Care health plan, you can call Health Care

Options at 1-800-430-4263. If you are not disenrolled in 45 days, contact your county eligibility worker for help.

**28. WHAT CAN I DO IF I DISAGREE WITH ANY DECISION ABOUT MY MEDI-CAL ELIGIBILITY OR BENEFITS?**

STATE HEARING: You get a Notice of Action (NOA) in the mail from the CWD whenever your MEDI-CAL eligibility changes. If you disagree with a decision, you should talk to your county eligibility worker. If you are still dissatisfied, you may ask for a State hearing through the CWD or the California Department of Social Services. On the back of the NOA, you will find out how you can request a State hearing and where to send your request. If you disagree with the denial of a health benefit, you can also ask for a State hearing by:

Writing to:	Or by calling:
California Dept. of Social Services	California Dept. of Social Services
State Hearing Division	Public Inquiry and Response Unit
PO Box 944243, Mail Station 19-37	Toll-free Number: 1-800-952-5253 OR
Sacramento, CA 94244-2430	Hearing impaired (TTY) only:
	1-800-952-8349

You must ask for a State hearing within 90 days from the date on which you believe the wrong action took place. If you ask for a hearing before the effective date of the action which stopped or lowered your MEDI-CAL benefits, you may continue to get the same MEDI-CAL benefits until the hearing.

You or your representative can read the regulations about the MEDI-CAL program and most of the facts in your case. Help is also available in some languages other than English, including Spanish. At the hearing, an Administrative Law Judge will review the CWD’s actions to see if someone made a mistake. You must either go to the hearing or give written notice for someone to go in your place. You may bring others to represent you as witnesses. You may ask questions of the county representative or any County or State witnesses.

DISCRIMINATION: If you believe a decision about your right to get MEDI-CAL benefits was unfairly made because of your sex, race, religion, color, national origin, sexual orientation, marital status, age, disability or veterans status, you may file a written or telephone complaint with the California Department of Health Services, Office of Civil Rights, MS 0009, PO Box 997413, Sacramento, CA 95899-7413, (916) 440-7370. Your complaint of discrimination will be investigated.

## **29. WHAT IF I HAVE BEEN HURT BY ANOTHER PERSON OR HURT AT WORK?**

If you are hurt by another person or hurt at work, you may use your BIC to get services. You must report the accident or injury to your county eligibility worker so that the MEDI-CAL program can be paid back by the responsible party.

Also, send or fax the information listed below to:

OR You may call:

California Dept. of Health Services  
Recovery Personal Injury Unit  
P.O. Box 997425, MS 4720  
Sacramento, CA 95899-7425  
FAX (916) 650-6581

(916) 650-0490

1. Your name, address, and phone number.
2. Your BIC number, and Social Security Number.
3. The date you were hurt and what happened.
4. The name, address, and phone number of your attorney, if you hired one.
5. The name, address, and phone number of the person who hurt you.
6. The name, address and phone number of the liable insurance company; also add the policy number.
7. If you were hurt at work, the name, address and phone number of your employer.

## **30. WILL MEDI-CAL BILL A DECEASED MEDI-CAL BENEFICIARY'S ESTATE?**

MEDI-CAL may claim against the estate of a MEDI-CAL beneficiary who has died after October 1, 1993, only if:

- MEDI-CAL paid for certain medical services after the beneficiary's 55<sup>th</sup> birthday, and the deceased MEDI-CAL beneficiary had no surviving spouse, minor, or totally disabled child(ren), and
- the MEDI-CAL claim against the estate does not create a substantial hardship on the heirs of the deceased MEDI-CAL beneficiary.

MEDI-CAL shall impose a lien upon the equity interest in the home or other property of an institutionalized MEDI-CAL beneficiary if certain conditions are met. Such claims and liens may be reduced if it can be demonstrated that a substantial hardship is created on the survivors or heirs of the deceased MEDI-CAL beneficiary.

If the surviving spouse of a deceased MEDI-CAL beneficiary dies, MEDI-CAL may bill the estate of the surviving spouse for either the amount paid by MEDI-CAL for medical assistance, or the value of the estate received by the surviving spouse, whichever is less.

The estate of individuals of any age may also be billed if that individual had been a resident of a nursing facility.

## **31. WHAT IS MEDI-CAL FRAUD?**

If you are getting treatment from more than one doctor, you should tell each doctor about the other doctor(s) giving care to you. It is your responsibility not to abuse or improperly use your MEDI-CAL benefits. It is a crime to:

- allow others to use your MEDI-CAL benefits, and
- get drugs through false statements

It is a crime for you to sell or lend your BIC to any person or furnish your BIC to anyone other than your provider of services as required under MEDI-CAL guidelines. Misuse of BIC/MEDI-CAL benefits is a crime that could result in administrative action or criminal prosecution. If you suspect someone of misusing MEDI-CAL benefits, you may make a confidential report to: 1-800-822-6222 (toll-free)

## **32. WHAT DO THE WORDS MEAN?**

1. BENEFICIARY – A person who has been determined eligible for MEDI-CAL.
2. COUNTY WELFARE DEPARTMENT (CWD) – See the County Social Services Department listing at the back of this pamphlet to contact your county MEDI-CAL office.
3. (MEDI-CAL) HEALTH CARE PLAN – The CDHS contracts with prepaid health plans, health maintenance organizations, and primary care case management system to give covered MEDI-CAL services to MEDI-CAL beneficiaries. MEDI-CAL beneficiaries who enroll in a plan are guaranteed access to a full range of quality health care, including preventive medical services.
4. HOME AND COMMUNITY-BASED CARE SERVICES – Health care services that can sometime be given at home to persons who usually would need to stay in a hospital or nursing home. These services are only available to certain people getting MEDI-CAL who meet special requirements. Ask your doctor or hospital discharge planner to contact the local MEDI-CAL Field Office if you think you might need these services.



5. **INPATIENT HOSPITAL CARE** – Care you get when you are admitted to a hospital. In some areas of the State, you can only get inpatient care at hospitals contracting with the State. If you need care, you should contact your doctor, and if necessary, your doctor will make arrangements for hospitalization. In a life-threatening emergency, or if you are a pregnant woman in active labor, any hospital can give you care.

6. **LINKAGE** – Persons who meet the federal definition of age (65 years or older), blindness, or disability, or parents and their children who are deprived of parental support or care are considered “linked” (or connected) to one of these categories.

7. **MAINTENANCE NEED** – The amount of monthly income MEDI-CAL has determined that a person or family need for food, clothing, housing, etc. The amount will change with the number of people in the family.

8. **MEDI-CAL** – California’s name for Medicaid, the federal and state program of medical assistance for needy and low-income persons.

9. **MEDICARE** – A federal health insurance program administrated by the Social Security Administration which is available regardless of income. Most persons 65 years of age or older and certain disabled or blind persons regardless of age, are covered. Medicare Part A covers hospitalization. Medicare Part B covers doctor bills. Beginning January 1, 2006, Medicare Part D (not MEDI-CAL) covers most prescribed drugs. A Medicare card is red, white, & and blue.

**BUY-IN** – If you are aged, blind, disabled, getting Title II Social Security payments or Railroad Retirement disability benefits, or dialysis-related health care services, you must apply for Medicare at the Social Security office in order to qualify for MEDI-CAL. If you qualify for both Medicare and MEDI-CAL, MEDI-CAL will pay your monthly Medicare Part B insurance premiums and MEDI-CAL may pay your monthly Part A insurance premiums. Please tell your doctor you have both Medicare and MEDI-CAL, so you will not be billed for the Medicare co-insurance.

10. **OTHER HEALTH CARE COVERAGE** – any private health benefit plan or health insurance coverage (whether individual or through a union, group, employer, or organization) under which payment can be made for health care services provided to the persons covered by that policy or plan.

11. **PERSONAL PROPERTY** – All liquid and non-liquid assets (other than real property) such as cash, savings accounts, checking accounts, stocks, bonds jewelry, boats, life insurance policies, recreational vehicles, etc.

12. PROPERTY RESERVE – The total net market value of countable property assets of those persons applying for MEDI-CAL.

13. REAL PROPERTY – Land and improvements which generally include any immovable property attached to the land and any oil, mineral, timber or other right related to the land.

14. SHARE OF COST (SOC) – The amount you must pay or promise to pay each month toward the cost of your health care before MEDI-CAL will pay. Your SOC may change when your monthly income changes. You only pay a SOC in a month when you get health care services. A SOC is not a monthly charge that you must pay whether or not you have medical bills.

15. VERIFICATION – Acceptable evidence (documents) which gives proof of statements made by an applicant/beneficiary.

**State of California**  
**Health and Human Services Agency**

**COUNTY SOCIAL SERVICES AGENCIES**

Departamentos de Bienestar de los Condados

Please contact your nearest County Social Services Office for complete MEDI-CAL Eligibility information or other health-related services. Please verify the location and phone number in your telephone book or at [www.dhs.ca.gov/mcs/medi-calhome/default.htm](http://www.dhs.ca.gov/mcs/medi-calhome/default.htm). Some county web sites may provide additional health-related information.

Por favor póngase en contacto con la oficina del Departamento de Bienestar del Condado más cercana a usted para obtener la información completa sobre la Elegibilidad de MEDI-CAL u otros servicios relacionados a la salud. Por favor verifique la dirección y el teléfono en su guía telefónica o en [www.dhs.ca.gov/mcs/medi-calhome/default.htm](http://www.dhs.ca.gov/mcs/medi-calhome/default.htm). Algunos de los sitios web del condado pueden darle más información sobre servicios relacionados a la salud.

**Alameda County**

Health and Human Services

8477 Enterprise Way  
Oakland, CA 94621  
(510) 383-8523

[www.alamedasocialservices.org/public/services/medical\\_care/](http://www.alamedasocialservices.org/public/services/medical_care/)

**Alpine County**

Department of Social Services

75A Diamond Valley Rd.  
Markleeville, CA 96120  
(530) 694-2235

[www.co.alpine.ca.us/dept/health/ssmedical.html](http://www.co.alpine.ca.us/dept/health/ssmedical.html)

**Amador County**

Department of Social Services

1003 Broadway  
Jackson, CA 95642  
(209) 223-6550

[www.co.amador.ca.us/depts/social/index.htm](http://www.co.amador.ca.us/depts/social/index.htm)

**Butte County**

Department of Employment and Social Services

78 Table Mountain Blvd., Oroville  
(530) 538-7711  
2445 Carmichael Dr., Chico  
(530) 879-3479

Mailing address:

P.O. Box 1649  
Oroville, CA 95965

[www.buttecounty.net/dess/Medical\\_Services.html](http://www.buttecounty.net/dess/Medical_Services.html)

**Calaveras County**

Calaveras Works and Human Services

509 East Saint Charles Street  
San Andreas, CA 95249-9701  
(209) 754-6444

[www.co.calaveras.ca.us/departments/welfare.asp](http://www.co.calaveras.ca.us/departments/welfare.asp)

**Colusa County**

Department of Health and Human Services

251 East Webster Street  
Colusa, CA 95932  
(530) 458-0250

No county website available

**Contra Costa County**

Employment and Human Service

1275A Hall Avenue  
Richmond, 94804  
(866) 663-3225

[www.cchealth.org](http://www.cchealth.org)

**Del Norte County**

Department of Social Services

880 Northcrest Drive  
Crescent City, CA 95531-3485  
(707) 464-3191

[www.co.del-norte.ca.us:82/cf/topic/topic4.cfm?Topic=Social%20Services&SiteLink=200012.html](http://www.co.del-norte.ca.us:82/cf/topic/topic4.cfm?Topic=Social%20Services&SiteLink=200012.html)

### El Dorado County

Department of Human Service  
3057 Briw Road  
Placerville, CA 95667-1637  
(530) 642-7300

[www.co.el-dorado.ca.us/  
socialservices/](http://www.co.el-dorado.ca.us/socialservices/)

### Fresno County

Department of Employment &  
Temporary Assistance  
Call for nearest office (area code 559)  
Regional Offices  
Heritage Center, Fresno 453-3544  
or 453-4934  
University Med Center 453-6447  
Coalinga Regional Center 935-6300  
Selma Regional Center 898-5100  
Reedley Regional Center 637-7580

[www.fresnohumanservices.org/  
MedicalCare.htm](http://www.fresnohumanservices.org/MedicalCare.htm)

### Glenn County

Human Resources Agency  
P.O. Box 611  
420 East Laurel Street  
Willows, CA 95988-0611  
(530) 934-6514

[www.hra.co.glenn.ca.us/](http://www.hra.co.glenn.ca.us/)

### Humboldt County

Department of Health and Human  
Services  
Social Services  
929 Koster Street  
Eureka, CA 95501  
(707) 269-3590  
(800) 891-8851 (Limited Service Area)

[www.co.humboldt.ca.us/portal/  
health.asp](http://www.co.humboldt.ca.us/portal/health.asp)

### Imperial County

Department of Social Services  
2995 South Fourth Street, Suite 105  
El Centro, CA 92243  
(760) 337-6800

[www.imperialcounty.net/  
socialservices/](http://www.imperialcounty.net/socialservices/)

### Inyo County

Department of Social Services  
912 N. Main Street  
Bishop, CA 93514  
(760) 872-1394

[www.inyocounty.us/Admin/vision\\_  
statement.htm](http://www.inyocounty.us/Admin/vision_statement.htm)

### Kern County

Department of Human Services  
100 E. California Avenue  
Bakersfield, CA 93307  
(661) 631-6807

[www.co.kern.ca.us/dhs/](http://www.co.kern.ca.us/dhs/)

### Kings County

Human Services Agency  
1200 South Drive  
Hanford, CA 93230  
(559) 582-3241

[www.co.kings.ca.us/HSA/best.htm](http://www.co.kings.ca.us/HSA/best.htm)

### Lake County

Department of Social Services  
15975 Anderson Ranch Parkway  
P.O. Box 9000  
Lower Lake, CA 95457-9000  
(707) 995-4200

[www.dss.co.lake.ca.us/](http://www.dss.co.lake.ca.us/)

### Lassen County

Lassen WORKS  
Roosevelt Annex  
720 Richmond Road  
Susanville, CA 96130  
(530) 251-8152

[www.co.lassen.ca.us/welfare\\_mission.htm](http://www.co.lassen.ca.us/welfare_mission.htm)

### County of Los Angeles

Dept. of Public Social Services  
(Apply at the nearest District office.  
Refer to the White Pages under  
COUNTY GOVERNMENT of your  
phone book)  
(877) 597-4777 Toll Free (Limited  
Service Area)  
(213) 639-6300

[www.ladpss.org/](http://www.ladpss.org/)

### Madera County

Department of Social Services,  
Eligibility  
720 East Yosemite Avenue  
P.O. Box 569  
Madera, CA 93639  
(559) 675-2300

[www.madera-county.com/  
socialservices/](http://www.madera-county.com/socialservices/)

### Marin County

Dept Health & Human Services (Public  
Assistance)  
120 North Redwood Drive-West Wing  
San Rafael, CA 94903  
(415) 473-3400

[www.co.marin.ca.us/depts/HH/main/  
ss/public.cfm](http://www.co.marin.ca.us/depts/HH/main/ss/public.cfm)

### Mariposa County

Department of Human Services  
5186 Highway 49 North  
Mariposa, CA 95338  
Toll-free (800) 266-3609  
(209) 966-3609

[www.mariposacounty.org/](http://www.mariposacounty.org/)

### Mendocino County

Department of Social Services  
737 South State Street  
P.O. Box 8508  
Ukiah, CA 95482  
(707) 463-7700

[www.mcdss.org](http://www.mcdss.org)

### Merced County

Human Services Agency  
2115 West Wardrobe Avenue  
P.O. Box 112  
Merced, CA 95341-0112  
(209) 385-3000 ext. 5155

[www.co.merced.ca.us/countyweb/](http://www.co.merced.ca.us/countyweb/)

### Modoc County

Department of Social Services  
120 North Main Street  
Alturas, CA 96101  
(530) 233-6501

[www.modocounty.us/](http://www.modocounty.us/)

### Mono County

Department of Social Services  
85 Emigrant Street  
P.O. Box 576  
Bridgeport, CA 93517  
(760) 932-5600

[www.monocounty.ca.gov/  
departments.html](http://www.monocounty.ca.gov/departments.html)

### Monterey County

Department of Social Services  
100 South Main Street- Suite 216  
Salinas, CA 93902  
(831) 755-8500  
(831) 755-4650

[www.co.monterey.ca.us/dss/  
benefits/medi-cal.html](http://www.co.monterey.ca.us/dss/benefits/medi-cal.html)

### Napa County

Department of Social Services  
2261 Elm Street  
Napa, CA 94559  
(707) 253-4511  
Toll-free: (800) 464-4214

[www.co.napa.ca.us/GOV/  
Departments/DeptPage.  
asp?DID=50100&LID=939](http://www.co.napa.ca.us/GOV/Departments/DeptPage.asp?DID=50100&LID=939)

### Nevada County

Human Services Agency

950 Maidu Avenue

P.O. Box 1210

Nevada City, CA 95959

(530) 265-1340

Toll Free: (888) 809-1340

[www.mynevadacounty.com](http://www.mynevadacounty.com)

### Orange County

Social Services Agency (Call for nearest district office)

Anaheim (714) 575-2400

Santa Ana (714) 435-5900

Laguna Hills (949) 587-8543

Garden Grove (714) 741-7100

[www.ssa.ocgov.com/Agency\\_Services/Adult\\_Services\\_and\\_Assistance\\_Programs/default.asp](http://www.ssa.ocgov.com/Agency_Services/Adult_Services_and_Assistance_Programs/default.asp)

### Placer County

Health and Human Services

11519 B Avenue

Auburn, CA 95603

(530) 889-7610

Roseville Office (916) 784-6000

North Lake Tahoe (530) 546-1900

[www.placer.ca.gov/welfare/welfare.htm](http://www.placer.ca.gov/welfare/welfare.htm)

### Plumas County

Dept of Social Services

270 County Hospital Rd, Suite 207

Quincy, CA 95971

(530) 283-6350

[www.countyofplumas.com/](http://www.countyofplumas.com/)

### Riverside County

Department of Public Social Services  
(Call for nearest office)

(951) 358-3000

Mail only:

731 Palmyrita Avenue

Riverside, CA 92507

[dpss.co.riverside.ca.us/](http://dpss.co.riverside.ca.us/)

### Sacramento County

Department of Human Assistance

2433 Marconi Ave

Sacramento, CA 95821-4807

(916) 874-2072

[dhaweb.saccounty.net/Services/Medical\\_Assistance/index.html](http://dhaweb.saccounty.net/Services/Medical_Assistance/index.html)

### San Benito County

Human Services Agency

1111 San Felipe Rd, Ste 206

Hollister, CA 95023-3801

(831) 636-4180

[www.sanbenitohhsa.org](http://www.sanbenitohhsa.org)

### San Bernardino County

Human Services System

Transitional Assistance Department

(Call for nearest district office)

(909) 388-0245

[www.hss.co.san-bernardino.ca.us/HSS/](http://www.hss.co.san-bernardino.ca.us/HSS/)

### San Diego County

Dept of Health & Human Srvs Agency

(Call for the nearest district Office)

(858) 514-6885

[www2.sdcounty.ca.gov/hhsa/ServiceDetails.asp?ServiceID=680](http://www2.sdcounty.ca.gov/hhsa/ServiceDetails.asp?ServiceID=680)

### City & County of San Francisco

Dept of Human Services

1440 Harrison Street

San Francisco, CA 94120

(415) 863-9892

[www.sfgov.org/site/dhs\\_page.asp?id=12885](http://www.sfgov.org/site/dhs_page.asp?id=12885)

### San Joaquin County

Human Services Agency

333 E. Washington Street

Stockton, CA 95202

(209) 468-1000

[www.co.san-joaquin.ca.us/hsa/Medical/index.htm](http://www.co.san-joaquin.ca.us/hsa/Medical/index.htm)

San Luis Obispo County  
Department of Social Services  
3433 S. Higuera Street  
San Luis Obispo, CA 93403  
(805) 781-1600  
[www.slodss.org](http://www.slodss.org)

San Mateo County  
Human Services Agency  
400 Harbor Boulevard, Building "C"  
Belmont, CA 94002  
(650) 802-7570  
[www.smchsa.org/smc/department/home/0,,15587275\\_18158401\\_19643107,00.html](http://www.smchsa.org/smc/department/home/0,,15587275_18158401_19643107,00.html)

Santa Barbara County  
Department of Social Services  
234 Camino Del Remedio  
Santa Barbara, CA 93110  
(805) 681-4401  
[www.countyofsb.org/social\\_services/](http://www.countyofsb.org/social_services/)

Santa Clara County  
Social Services Agency  
(Call for nearest district office)  
(408) 271-5600  
[www.sccgov.org/site/0,4760,sid=136775,00.html](http://www.sccgov.org/site/0,4760,sid=136775,00.html)

Santa Cruz County  
Health Services Agency  
1020 Emeline Street  
Santa Cruz, CA 95060  
(831) 454-4134  
Watsonville Office (831) 763-8500  
[www.santacruzhealth.org/admnstr/2benefits.htm](http://www.santacruzhealth.org/admnstr/2benefits.htm)

Shasta County  
Department of Social Services  
2460 Breslauer Way  
P.O. Box 496005  
Redding, CA 96001  
(530) 225-5767  
[www.co.shasta.ca.us/Departments/Social Services/TemporaryAssistance/tempasst.shtml](http://www.co.shasta.ca.us/Departments/Social%20Services/TemporaryAssistance/tempasst.shtml)

Sierra County  
Social Services  
202 Front Street  
P.O. Box 1019  
Loyalton, CA 96118  
(530) 993-6720  
Downieville Office (530) 289-3711  
[www.sierracounty.ws/mod.php?mod=userpage&menu=1704&page\\_id=15](http://www.sierracounty.ws/mod.php?mod=userpage&menu=1704&page_id=15)

Siskiyou County  
Human Services  
North County Office:  
818 S. Main Street  
Yreka, CA 96097  
(530) 841-2700  
South County Office:  
293 Main Street, Suite B  
Weed, CA 96094  
(530) 938-5100  
[www.co.siskiyou.ca.us/humsvc/etas.htm](http://www.co.siskiyou.ca.us/humsvc/etas.htm)

Solano County  
Health and Social Services  
275 Beck Avenue  
Fairfield, CA 94533  
Toll Free: (800) 400-6001  
[www.co.solano.ca.us/](http://www.co.solano.ca.us/)

### Sonoma County

Human Services Department  
2550 Paulin Drive  
P.O. Box 1539  
Santa Rosa, CA 95402-1539  
(707) 565-5200  
Toll Free: (800) 354-1277  
[www.sonoma-county.org/human/med](http://www.sonoma-county.org/human/med)

### Stanislaus County

Community Services Agency  
251 East Hackett Road  
P.O. Box 42 (95353)  
Modesto, CA 95355  
(209) 558-2777  
[www.stanworks.com/index.htm](http://www.stanworks.com/index.htm)

### Sutter County

Department of Human Services  
Welfare Social Services Division  
190 Garden Highway  
P.O. Box 1535  
Yuba City, CA 95992-1535  
(530) 822-7230  
[www.co.sutter.ca.us/index.aspx?doc=/depts/hs/wss/wss.xml](http://www.co.sutter.ca.us/index.aspx?doc=/depts/hs/wss/wss.xml)

### Tehama County

Department of Social Services  
22840 Antelope Blvd.  
PO Box 1515  
Red Bluff, CA 96080  
(530) 527-1911  
[www.tcdss.org](http://www.tcdss.org)

### Trinity County

Dept of Health and Human Services  
#1 Industrial Parkway  
Weaverville, CA 96093-1470  
(530) 623-1265  
Toll Free: (800) 851-5658  
[www.trinitycounty.org/Departments/HHS/hhsinfo.htm](http://www.trinitycounty.org/Departments/HHS/hhsinfo.htm)

### Tulare County

Health & Human Services Agency  
(Call for nearest Office)  
In-Take Office  
Dinuba (559) 591-5804  
Lindsey (559) 562-1377  
Porterville (559) 782-4750  
Tulare (559) 685-2600  
Visalia (559) 733-6111  
[www.co.tulare.ca.us/](http://www.co.tulare.ca.us/)

### Tuolumne County

Department of Social Services  
20075 Cedar Road North  
Sonora, CA 95370  
(209) 533-5711  
[www.tuolumnecounty.ca.gov](http://www.tuolumnecounty.ca.gov)

### Ventura County

Human Services Agency  
505 Poli Street  
Ventura, CA 93001  
(805) 652-7693  
Regional Offices:  
Oxnard (805) 385-8654  
Ventura (805) 658-4100  
Santa Paula (805) 933-8300  
Simi Valley (805) 584-4842  
[www.vchsa.org](http://www.vchsa.org)

### Yolo County

Dept of Employment & Social Services  
25 N. Cottonwood Street  
Woodland, CA 95695  
(530) 661-2750  
West Sacramento Office  
500-A Jefferson Blvd.  
West Sacramento, CA 95605  
(916) 375-6200  
[www.yolocounty.org/org/dess/program/medical.htm](http://www.yolocounty.org/org/dess/program/medical.htm)



Yuba County

Human Services Agency

6000 Linhurst Avenue, No. 504

P.O. Box 2320

Marysville, CA 95901-9987

(530) 749-6311

[www.co.yuba.ca.us/content/  
departments/hhsd/](http://www.co.yuba.ca.us/content/departments/hhsd/)

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